



POWER OF ATTORNEY FOR ACTIVE MEMBERS

State Form 49614 (1/00)
Approved by the State Board of Accounts 2000

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Fax #: (317) 232-3882
Home page: www.in.gov/trf

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

Instructions:

1. Please **TYPE** or **PRINT**.
2. Please return to the **Indiana State Teachers' Retirement Fund** for verification and processing.

MEMBER INFORMATION		
Social Security Number	TRF Number	Date
First Name	MI	Last Name
Address		Home Phone Number
		Other Phone Number
City	State	Zip Code

ATTORNEY IN FACT POWERS	
<p>Pursuant to Indiana Code, section 30-5-4-1, I, _____, do hereby appoint _____ as my attorney in fact to sign my name and conduct business on my behalf in relation to the following transactions involving the Indiana State Teachers' Retirement Fund:</p> <ul style="list-style-type: none">• Changing my mailing address• Changing my designated beneficiaries with regards to my annuity savings account• Changing my asset allocation directions with regards to the investment of my annuity savings account	
Signature	Printed Name

NOTARY CERTIFICATE		
<p>STATE OF _____ } COUNTY OF _____ } SS:</p> <p>This voluntary act sworn to before me, a Notary Public, in and for said State and County, this _____ day of _____, _____.</p>		
Signature of Notary Public	Printed or typed name of Notary Public	Date commission expires

SEAL